CHAPTER: IV	SECTION: 16	COMAR:
APPLICATION	NARRATIVE	07.03.03.04

REQUIREMENTS

- A. Complete a narrative each time a case is touched
 - 1. The screener begins the narrative during the screening process
 - 2. The case manager continues it at:
 - Application interview
 - Case decision determination
 - Recertification
 - Interim change
 - Telephone calls or other contacts
- B. Use the "ADDR" screen for all narrative entered on CARES

Note: Narrative entered behind each screen is not permanent

- C. Enter the head of household client ID number and name at the top of each page of narrative
- D. The narrative format requires the:
 - 1. Date of the narrative
 - 2. Full last name and first name initial of the individual entering the narrative
 - 3. Entries in paragraph format
 - Give facts, not personal opinions
 - 4. Title of the last paragraph = "DECISION/ACTION TAKEN"
 - Contains a detailed explanation of the eligibility decision
 - Is essential for active, denied, and closed cases
 - Specifies decisions/actions separately for TCA, Food Stamps and Medical Assistance

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TYPING/TECHNICAL REQUIREMENTS

- A. Begin typing the narrative one space from the margin
 - 1. The space is the delete field
 - 2. To delete the narrative, enter "D" in that field and press "enter"
- B. Leave a space between each narrative entry
- C. The narrative program does not have "spell-check" or wrap-around line breaks
 - Hyphenate or tab down to the next line
- D. Commit the narrative by pressing "Enter" while in the Narrative screen
 - 1. All narratives are lost if not committed
 - 2. Narration does not go to the Scratch Pad Area (SPA)

TIPS FOR NARRATIVE WRITING

- A. Be <u>clear</u> and <u>concise</u>
- B. Use common abbreviations
- C. Name the source of unearned income
- D. State which individuals are requesting assistance
 - 1. When adding or removing an individual, be clear as to who is in and who is out of the unit
 - 2. When the Food Stamp or MA unit is not the same as the TCA unit, clearly state the differences and who is in each unit
- E. When completing an application or recertification, include the:
 - 1. Date
 - 2. Period of eligibility
 - Reason for the decision.

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- F. When correcting an error, include the:
 - 1. Reason for the error
 - 2. Verification now used
 - 3. Action taken
- G. When individuals live with others, explain the relationship of all individuals to the applicant
- H. Document telephone verification with the company name, telephone number, and name and title of the person giving the information, and what was verified
- I. Be specific about the income figures used and how they were verified before being used to calculate gross monthly income
- J. Explain the reasoning/rationale for a "prudent person" decision
- K. Above all else, PROOF READ the narrative, it can be accessed statewide

(See next page for example)

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EXAMPLE

NARRATIVE – NARR

NARR

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CLIENT ID# 515000009 / NAME: BERTHA BALTIMORE

4/20/00 R. SMITH – (TCA REDET) DURING THE INTERVIEW MS.
BALTIMORE PROVIDED ALL VERIFICATION NEEDED TO COMPLETE
REDET. CERTIFIED FOR TCA AND FS BENEFITS UNTIL 10/31/00. MS.
BALTIMORE INDICATED MR. BALTIMORE WAS ABUSING HER. SHE
STATES, "HE SLAPS ME WHEN HE VISITS THE KIDS EVERY OTHER
WEEKEND"

DECISION/ ACTION TAKEN:

4/20/00 R. SMITH – TOLD MS. BALTIMORE THAT HER REPORT OF FAMILY VIOLENCE IS CONFIDENTIAL. DHR/FIA#461 COMPLETED AND GIVEN TO MS. GATES, IN-HOUSE FAMILY VIOLENCE EXPERT, WHO WILL SEE MS. BALTIMORE TODAY.

4/22/00 R. SMITH – REC'D DOCUMENTATION FROM MS. GATES WITH A SIGNED SAFETY PLAN SIGNED BY MS. GATES AND MS, BALTIMORE. MS. GATES RECOMMENDS WAIVING WORK ACTIVITIES WHILE IN COUNSELING.

DECISION / ACTION TAKEN:

4/25/00 R. SMITH – REVIEWED CASE WITH SUPERVISOR. DETERMINED THAT GOOD CAUSE EXISTS. TIME LIMIT AND WORK REQUIREMENTS WAIVED UNTIL NEXT REDET. MS. BALTIMORE SENT NOTICE OF FINDINGS (COPY IN SECTION 4 OF FILE)

6/15/00 G. GEORGE – MS. BALTIMORE CALLED TO REPORT MOVE TO 1234 BENTLOW ST. 21255, ON 6/10. TOLD HER VERIF. DUE BY 6/25 R.SMITH OUT TODAY

DECISION/ACTION TAKEN:

6/15/00 G. GEORGE - MAILED #491 AND RENT VERIF. FORM # 1130. SET MY ALERT FOR 6/25.

6/21/00 R. SMITH – RENT FORM REC'D. UTILITIES NOW INCLUDED IN THE RENT. NO CHANGE IN HOUSEHOLD MEMBERS.

DECISION/ACTION TAKEN:

6/21/00 R. SMITH – CHANGED ADDRESS. REMOVED UTILITY COSTS. FS WILL DECREASE AND AUTO NOTICE RE FS SENT. 1130 FILED IN SECTION 4.

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